

EMPLOYMENT AND BUSINESS AFFILIATION DISCLOSURE FORM

I, _____ (Name) _____ (Business Address)

submit herewith the following information to the State Corporation Commission for its use, in connection with the application of:

(Applicant Name)

EMPLOYMENT RECORD*
(include employment for last seven years)

Dates		Name, Location, and Type of Business	Position Held and Duties Performed
From	To		

***Fully complete this schedule. You may also attach a résumé; however, it may not be substituted in place of this schedule.**

BUSINESS AFFILIATIONS

List all firms, companies, corporations, or other business organizations of which you are at present a director, officer, employee, partner, or owner.

Name and Location	Type of Business	Position Held

CERTIFICATION

I certify that to the best of my knowledge, information, and belief, the facts as stated in this form and any schedules attached are true.

_____ Date _____ Signature _____